



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: WITHAM HEALTH SERVICES

City of Hospital: Lebanon

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150104

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$51527537	Contractual Allowance	\$135134810
Outpatient Patient Service Revenue	\$196767289	Other Deductions	\$8258888
Total Gross Patient Service Revenue	\$248294826	Total Deductions	\$143393698

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$104901128
Other Operating Revenue	\$7453329
Total Operating Revenue	\$112354457

4. Operating Expenses

Salaries and Wages	\$33767922	Employee Benefits	\$10996031
Depreciation and Amortization	\$5968167	Interest Expense	\$3663611
Bad Debt	\$13279173	Other Expenses	\$34315481
Total Operating Expenses	\$101990385		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10364073	Total Assets	\$149022168
Net Non-operating Gains over Loss	\$88318	Total Liabilities	\$149022168
Total Net Gains	\$10452391		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$94483106	\$70476421	\$24006685
Medicaid	\$37757438	\$28460093	\$9297345
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$116054282	\$44457182	\$71597100
Total	\$248294826	\$143393696	\$104901130

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$115945	\$-115945
Hospital Patients	\$25234	\$156834	\$-131600
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	335
Number of Hospital Patients Educated	1053
Number of Citizens Exposed to Health Education Messages	2868

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5680433	
HCI Payments	\$0		
Subtotal	\$0	\$5680433	\$-5680433
Medicaid Shortfalls	\$70037656	\$34364713	
Subtotal	\$70037656	\$40045146	\$29992510
DSH Payments	\$631,699		
Subtotal	\$70669355	\$40045146	\$30624209
Medicare Shortfalls	\$19568155	\$87548666	
Other Government Programs	\$8102	\$105705	
Total	\$90245612	\$127699517	\$-37453905

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0